

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 516710

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4	3						
5	(1)						
6	2						
7	(1)						
8	(1)						
9	(1)						
10	(1)						
11	(1)						
12	(1)						
13	(1)						
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49							
50							
TOTAL IND.	2						
TOTAL DEP.	27						
TOTAL CLAIMS	29						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL IND.							
TOTAL CLAIMS							